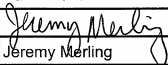


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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/517,085
	Filing Date	01/13/2005
	First Named Inventor	Paul Stuart Coley
	Art Unit	1796
	Examiner Name	Ogden Jr, Necholas
	Attorney Docket Number	072819.0171
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	Jeremy Merling	
Date	10/30/2008	Reg. No. 60,219

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 220

Complete if Known

Application Number 10/517,085
Filing Date 01/13/2005
First Named Inventor Paul Stuart Coley
Examiner Name Ogden Jr, Necholus
Art Unit 1796
Attorney Docket No. 072819.0171

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Extra Claims Fee Fee Paid
Total Claims 0 x 52 = \$0

Independent Claims 1 x 220 = \$220

Multiple Dependent 0 x 0 = \$0

SUBTOTAL \$220

Fee Description Large Entity Small Entity

Claims in excess of 20 52 26

Independent claims in excess of 3 220 110

Multiple dependent claim, if not paid 390 195

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee
☐ Non-English Specification
☐ Extension for reply within first month
☐ Extension for reply within second month
☐ Extension for reply within third month
☐ Extension for reply within fourth month
☐ Extension for reply within fifth month
☐ Notice of Appeal
☐ Filing a brief in support of an appeal
☐ Petition to revive - unavoidable
☐ Petition to revive - unintentional
☐ Utility Issue Fee
☐ Design Issue Fee
☐ Publication Fee
☐ Petitions to the Commissioner
☐ Request for Continued Examination (RCE)
☐ Information Disclosure Statement (IDS)
Other fee -

SUBTOTAL (\$) 0

SUBMITTED BY

Name (Print/Type) Jeremy Merling
Signature *Jeremy Merling*

Registration No. (Attorney/Agent) 60,219

(Complete if applicable)

Telephone 212-408-2500

Date 10/30/2008

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